

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09781274

FILING DATE

09-17-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
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TOTAL IND.	2		2		4	
TOTAL DEP.	7		7		12	
TOTAL CLAIMS	9		9		16	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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